



TOWN OF EAST HAMPTON
ARCHITECTURAL REVIEW BOARD

FENCE, WALL, BERM or GATE
APPROVAL APPLICATION

Please consult with Town Code Section 255-11-30 to 38 “Berms, fences, walls or gates”. This application must be fully completed and submitted to the Architectural Review Board, along with the following information:

1.

Fees: An application fee in the form of certified check, money order or Attorney's check made payable to the Town of East Hampton must be submitted in accordance with the fee schedule below. Fees are entirely nonrefundable once review of the particular application has commenced.
- \$125 for a new Fence, Wall, Berm or Gate.

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\$200 for an existing Fence, Wall, Berm or Gate.
2.

Two (2) copies (*original plus 1 copy*) of the completed application form
3.

Two (2) copies of a CURRENT scaled survey prepared by a licensed surveyor, accurately showing the location(s) of

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Proposed fencing and gate area distinctly highlighted

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All existing structure(s) on the property
4.

Two (2) copies of complete drawings & elevations. Note: Include on the plans a description of all exterior materials and color.

I APPLICANT INFORMATION:

Applicant or Applicant’s Agent is required to attend Architectural Review Board meeting for review of Application
Deadline for submission of Application is the first and third Thursday by Noon

- A.

Property Owner:

Address:

Telephone

Facsimile:
- B.

Applicant (if other than property owner):

Address:

Telephone

Facsimile:
- C.

Agent:

Address:

Telephone:

Facsimile:
- D.

Applicant is the (check one) ☐ Property Owner ☐ Other:
- E.

CORRESPONDENCE TO BE SENT TO: (check one) ☐ A ☐ B ☐ C
- F.

Is this application subject to Site Plan Review? (check one) ☐ Yes ☐ No
- G.

Are there any open code violations on the property? (check one) ☐ Yes ☐ No

If yes, please explain the nature of the violation: _____

NOTE: The Board meets the second & fourth Thursday of every month at 6:00 pm in the Court Room of 159 Pantigo Road, East Hampton, NY 11937

II. PROPERTY IDENTIFICATION AND LOCATION

- A.

Street, House Number & Hamlet:
- B.

Suffolk County Tax Map Number: 300-
- C.

Zoning District (circle one): B A A2 A3 A5 MF Other:

III. PROJECT INFORMATION

What is the purpose of the proposed (or existing) structure? _____

For Fence, Wall or Gate

Material _____

Finish (paint, stain, none, etc.) _____

Maximum Height _____

Total Length _____

For Berm:

Maximum Height _____

Total Length _____

I attest that the above information is complete and accurate to the best of my knowledge.

I, the owner, hereby authorize the Architectural Review Board to enter the subject parcel to review the pending application for ARB approval.

Signature: _____

Date: _____

Revised July 14th 2015